

WHAT IS NOT COVERED

Treatment or confinement not ordered by a physician or necessary for medical care; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane, sickness or injury resulting from acts of war, whether declared or undeclared; routine physical exams, eye exams, eye refractions and immunizations, except for well baby care covered by TRICARE; custodial care hearing aids, orthopedic footwear, eyeglasses or contact lenses; cosmetic lenses; cosmetic procedures, except those resulting from sickness or injury occurring while a covered person; drugs (other than insulin) which do not require a prescription; any confinement, service or supply not covered under TRICARE, or for expenses paid in full by TRICARE; care of the mentally retarded or physically handicapped which is required due to the mental retardation or physical handicap; any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program.

LIMITATIONS

Routine newborn and well baby care, hospital nursery charges for a well newborn, dental care, treatment for prevention or cure of alcoholism or drug addiction, and prosthetic devices are limited to expenses covered by TRICARE. If approved by TRICARE, INPATIENT treatment for mental, nervous or emotional disorders is limited to 30 days for insureds age 19 or older, or 45 days for insureds under age 19, in a calendar year. OUTPATIENT benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 in a 12-month period.

NEWBORN CHILDREN

Newborn children not named in your enrollment form are automatically covered from birth for injury or sickness, including treatment of congenital defects and birth abnormalities for 31 days. You must notify the PLAN ADMINISTRATOR and pay the additional premium within 31 days of birth for coverage to continue beyond this period. Insured children who are incapable of self-sustaining employment because of mental retardation or physical handicap-and who are unmarried and primarily dependent on the insured employee for support and maintenance may continue coverage past policy age limits, with requested proof. Otherwise, each dependent child's insurance terminates on the premium due date following the date he or she is no longer a dependent.

The TRICARE Supplement Program is administered by **Association and Society Insurance Corporation**, P.O. Box 2510, Rockville, Maryland 20847

The toll free customer service number is 1-800-638-2610, Ext. 255. In the Washington, DC metro area call (301) 816-0045, Ext. 255.

You will receive a Certificate of Coverage, Identification Card and Claim Forms directly from the Administrator.

The Plan is underwritten by: Hartford Life Insurance Company (SRP-1269 (1974)).

THE AMRA CORPORATE TRICARE SUPPLEMENT PROGRAM FOR STATE OF SOUTH CAROLINA EMPLOYEES AND THEIR DEPENDENTS

We are pleased to make available the TRICARE Supplement coverage for employees entitled to TRICARE and listed in DEERS (Defense Enrollment Eligibility Reporting System) Database.

WHAT IS TRICARE?

TRICARE is the Department of Defense's health insurance program for the military community. It consists of TRICARE Prime, a Health Maintenance Organization (HMO), TRICARE Extra, the Preferred Provider Option (PPO), and TRICARE Standard, the new name for CHAMPUS. The TRICARE Supplement is designed to pay the cost share under the TRICARE "Extra" and TRICARE "Standard" Options.

WHO IS ELIGIBLE FOR THE TRICARE SUPPLEMENT PROGRAM?

All full-time TRICARE eligible employees entitled to retiree, retainer or equivalent pay are eligible. Coverage is extended to your spouse, under age 65 and unmarried dependent children under age 21 (23 if a full-time student).

EFFECTIVE DATE

Your coverage and that of your covered dependents become effective on January 1, 2004. If, on that day, you or a covered dependent are confined in a hospital, the effective date will be the day following discharge from the hospital.

PORTABILITY

The TRICARE Supplement plan is portable. This means that when employment ends for any reason, you can take the coverage with you, at the same cost, including any amount of the employer contribution.

HERE'S HOW THE COMPREHENSIVE TRICARE SUPPLEMENT WORKS TO PAY FOR WHAT TRICARE STANDARD & EXTRA OPTIONS DO NOT PAY

CARE REQUIRED	TRICARE STANDARD/EXTRA PAYS	YOUR TRICARE STANDARD/EXTRA SUPPLEMENT PAYS
Inpatient care in civilian hospitals for RETIREES and their dependent family members (room, board, supplies and staff services billed by the hospital)	The TRICARE Standard/DRG allowed amount (contracted rate for TRICARE Extra minus your cost share).	The lesser of \$417/day or 25% of the billed amount, not to exceed the TRICARE Standard DRG amount (lesser of \$250/day or 20% cost share of the contracted rate for TRICARE Extra) PLUS 100% of charges in excess of the TRICARE Standard allowed amount, if applicable.
Inpatient care in civilian hospitals for RETIREES and dependent family members (doctors, and other inpatient services not billed by the hospital)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) for doctors and other professional services.	Your cost share PLUS 100% of charges in excess of the TRICARE Standard allowed amount, if applicable.
Inpatient care in military hospitals.	All but the daily subsistence fee.	The daily subsistence fee.
Outpatient care for RETIREES and their dependent family members (office visits, clinics, lab, prescription drugs, etc).	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay TRICARE Outpatient Deductible.	Your cost share PLUS 100% of charges in excess of the TRICARE Standard allowed amount, if applicable. In addition, the Comprehensive Plan reimburses up to the TRICARE Standard/Extra fiscal year outpatient deductible (\$150 per person, \$300 family maximum)**

**Reimbursement toward the fiscal year TRICARE Standard/Extra Outpatient Deductible under the Comprehensive Plan is made only if the deductible is incurred after the effective date of coverage. It will be prorated if you are insured for less than a full year.

RENEWABILITY

Your coverage is renewable to age 65. As long as premiums are paid on time, everyone remains eligible, and the master policy remains in effect, no one can be individually cancelled. So even if you or a covered dependent develops a serious health condition in the future, their coverage will not be cancelled.